

SERFF Tracking Number: UHLC-126564408 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 45299
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other
Product Name: 2009 Product Forms
Project Name/Number: Simply Engaged/

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: 2009 Product Forms SERFF Tr Num: UHLC-126564408 State: Arkansas
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 45299
Closed

Sub-TOI: H16G.002C Large Group Only - OtherCo Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Author: Anne Kelly Berg Disposition Date: 04/02/2010
Date Submitted: 03/30/2010 Disposition Status: Approved-Closed
Implementation Date Requested: 04/30/2010 Implementation Date:

State Filing Description:

General Information

Project Name: Simply Engaged Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Employer
Filing Status Changed: 04/02/2010 Explanation for Other Group Market Type:
State Status Changed: 04/02/2010
Created By: Anne Kelly Berg
Corresponding Filing Tracking Number:
Deemer Date:
Submitted By: Anne Kelly Berg
Filing Description:
UnitedHealthcare Insurance Company
NAIC No. 79413
Simply Engaged Plus Policy Exhibit
Form No. POL.XSE.I.09.AR
Flesch Score: 48.8

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group Policy Exhibit form listed above for your Department's review and approval.

SERFF Tracking Number: UHLC-126564408 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 45299
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other
Product Name: 2009 Product Forms
Project Name/Number: Simply Engaged/

We are requesting to use this form in conjunction with the 2009 Group Policy Form POL.I.09.AR, originally approved by your Department under SERFF file no. UHLC-126214630 on September 29, 2009.

This Exhibit will be used with our large commercial groups of over 50 lives on our Insurance license. The Exhibit describes the outcome-based wellness reward plan and relationship and expectations between UnitedHealthcare and the employer group.

This Exhibit represents final printed format with the exception of variable text and corresponding instructions.

Company and Contact

Filing Contact Information

Anne Kelly Berg, Senior Contract Specialist anne_e_kelly_berg@uhc.com
5901 Lincoln Dr 952-992-4793 [Phone]
Edina, MN 55436

Filing Company Information

United HealthCare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	03/30/2010	35258977

<i>SERFF Tracking Number:</i>	<i>UHLC-126564408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>45299</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002C Large Group Only - Other</i>
<i>Product Name:</i>	<i>2009 Product Forms</i>		
<i>Project Name/Number:</i>	<i>Simply Engaged/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/02/2010	04/02/2010

<i>SERFF Tracking Number:</i>	<i>UHLC-126564408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>45299</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002C Large Group Only - Other</i>
<i>Product Name:</i>	<i>2009 Product Forms</i>		
<i>Project Name/Number:</i>	<i>Simply Engaged/</i>		

Disposition

Disposition Date: 04/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-126564408</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>45299</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002C Large Group Only - Other</i>
<i>Product Name:</i>	<i>2009 Product Forms</i>		
<i>Project Name/Number:</i>	<i>Simply Engaged/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Simply Engaged Policy Exhibit	Approved-Closed	Yes

SERFF Tracking Number: UHLC-126564408 State: Arkansas

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Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002C Large Group Only - Other

Product Name: 2009 Product Forms

Project Name/Number: Simply Engaged/

Form Schedule

Lead Form Number: POL.XSE.I.09.AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/02/2010	POL.XSE.I.09.AR	Policy/Cont Simply Engaged ract/Fratern Policy Exhibit al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.800	AR09I_POL_ SE2- 3_EXH_AM_ CS_Rev1.pdf

Exhibit [#]

Include when issued to support 3.0. Delete when issued to support 2.0.

The SimplyEngaged[®] [Plus] Agreement

Enrolling Group Obligations

Include when issued to support 3.0. Delete when issued to support 2.0.

[The Enrolling Group agrees it will only offer its employees a full-replacement, UnitedHealthcare DefinitySM Consumer-Driven Health plan or a High Deductible Health plan. The Enrolling Group will make commercially reasonable efforts to design an attractive plan and communicate the plan effectively.

The Enrolling Group agrees it will promote a wellness program that rewards employees for meeting the following biometric targets:]

[Biometric Measure]	[Target]
[Cholesterol (Total)]	[<[X] MG]
[Blood Pressure]	[<[X/X]]
[BMI]	[<[X] KG]
[Nicotine]	[None]

¹Include when issued to support 3.0. Delete when issued to support 2.0.

²Include when SE includes spouses.

Incentives can be earned by completing the Health Assessment Online Coaching, and Telephonic Wellness Coaching. [¹Incentives based on meeting certain biometric targets are outcome-based incentives and are only available to qualifying Subscribers.] These incentives are activity-based incentives and are available to qualifying Subscribers [²and Enrolled Dependent spouses]. [¹The Enrolling Group will be responsible for funding all incentives, including, but, not limited to, outcome-based incentives and activity-based incentives.]

The Enrolling Group agrees it will establish a simple but formal “workplace wellness program” and implement at least the following three easy program components:

- An announcement letter sent to all the Enrolling Group’s employees from the Enrolling Group’s owner or a senior executive, promoting the incentive program.
- Sponsor at least one health fair/wellness event within the first 120 days of the Policy year (including a biometric screening), making commercially reasonable effort to have at least 75% employee attendance. The biometric screening event must be held the same day as the employee health/wellness event during standard hours for screening events, which are Monday through Friday, 5:00 a.m. to 7:00 p.m., EST.
- Send out a quarterly communication (newsletter, article or flyer) on a health and wellness topic to Enrolling Group’s employees.

The Enrolling Group agrees it will meet formally two times per year with its broker and our representative. These meetings will be with the Enrolling Group’s owner or a senior executive of the Enrolling Group. The first meeting must occur early in the Policy year to address the details of implementing the Enrolling Group’s obligation as described herein. The second meeting must occur at least 60 days prior to the anniversary date of the Policy.

The Enrolling Group agrees to provide an annual report to its employees communicating the information needed for employees to determine their tax and withholding obligations. We do not provide tax advice; it is the Covered Person's responsibility to determine his/her tax and withholding obligations.

¹Include when issued to support 3.0. Delete when issued to support 2.0.

²Include when issued to support 2.0. Delete when issued to support 3.0.

[¹The Enrolling Group agrees that it is responsible for funding the amounts for incentives earned by its Covered Persons for both activity-based and outcome-based incentive awards.] The incentive amounts earned will be [¹credited by the Enrolling Group to either a Health Reimbursement Account or a Health Savings Account administered by us] [²issued in the form of gift cards].

Include when issued to support 3.0. Delete when issued to support 2.0.

In order to be eligible for this SimplyEngaged® [Plus] program, the Enrolling Group must have between 101 and 5,000 eligible employees.

Our Obligations

We will provide the Enrolling Group with quarterly participation reports listing those individuals who have opted to participate in an incentive program.

¹Include when SE includes spouses.

We will administer activity based and outcome based incentives for Enrolling Group's Subscribers [¹and Enrolled Dependent spouses] as described herein. Enrolling Group acknowledges incentives can only be earned by Covered Persons once every 365 days. For example, if a Health Assessment is completed on January 1, 2008 and the Covered Person receives a \$75 incentive, the Covered Person will not become eligible to earn an additional incentive for completion of a new Health Assessment until January 1, 2009.

After receiving at least 60 days prior written notice for event implementing, we will cover the cost of a single biometric screening, per event, per year, for each Subscriber participating in such screenings at the Enrolling Group's fair/wellness event. If less than 20 individuals participate in such biometric screening, we may impose an additional fee on Enrolling Group.

General Terms and Conditions

The Exhibit will be in effect for a period of one year from the date the Exhibit was executed by the Enrolling Group, unless sooner terminated as described below. Unless otherwise terminated, this Exhibit shall automatically renew and remain in force for successive one-year terms.

Either party may terminate this Exhibit at the end of the initial one-year term or any renewal term, without cause, upon 90 days prior to written notice to the other party.

Include when issued to support 3.0. Delete when issued to support 2.0.

The Enrolling Group's cost for this SimplyEngaged® [Plus] program is included in the base medical Policy Charge paid by Enrolling Group to us.

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TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.002C Large Group Only - Other
Product Name:	2009 Product Forms		
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/02/2010
Comments:			
Attachment:			
ARFlesch.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	04/02/2010
Bypass Reason:	N/A to this filing.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter	Approved-Closed	04/02/2010
Comments:			
Attachment:			
AR Filing Letter Policy Exhibit 0310.pdf			

**United HealthCare Insurance Company
Hartford, Connecticut
NAIC #79413**

CERTIFICATION OF COMPLIANCE

This is to certify that the accompanying forms comply with your state's readability requirements:

A. Option Selected

The forms are scored separately for the Flesch reading ease test. Flesch Score is indicated below.

<u>Form</u>	<u>Flesch Score</u>
POL.XSE.I.09.AR	48.8

B. Test Option Selected

Test was applied to each entire policy form.

C. Standards for Certification

A checked block indicates the standard has been achieved.

- | | |
|----------|--|
| <u>X</u> | 1. The form text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above. |
| <u>X</u> | 2. It is printed in not less than ten point type, one point leaded. |
| <u>X</u> | 3. The layout and spacing of the policy forms separate the paragraphs from each other and from the border of the paper. |
| <u>X</u> | 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text. |
| <u>X</u> | 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the forms. |



Juanita B. Luis, Assistant Secretary

Date: March 30, 2010



March 30, 2010

Submitted Via SERFF

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Simply Engaged Plus Policy Exhibit
Form No. POL.XSE.I.09.AR
Flesch Score: 48.8

Dear Sir/Madame:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group Policy Exhibit form listed above for your Department's review and approval.

We are requesting to use this form in conjunction with the 2009 Group Policy Form POL.I.09.AR, originally approved by your Department under SERFF file no. UHLC-126214630 on September 29, 2009.

This Exhibit will be used with our large commercial groups of over 50 lives on our Insurance license. The Exhibit describes the outcome-based wellness reward plan and relationship and expectations between UnitedHealthcare and the employer group.

This Exhibit represents final printed format with the exception of variable text and corresponding instructions.

If you have any questions or concerns regarding this submission, please feel free to call me at the number shown below. Upon approval, please respond via SERFF.

Sincerely,

Anne Kelly Berg
United HealthCare Insurance Company
Mail Code: MN012-S117
5901 Lincoln Drive
Edina, MN 55436

Phone: 952-992-4793

Fax: 952-992-5105

Toll free: 800-250-6180 Ext. 24793

Email: anne_e_kelly_berg@uhc.com